

VIRGINIA DEPARTMENT OF HEALTH  
DRINKING WATER  
FINANCIAL AND CONSTRUCTION ASSISTANCE PROGRAMS (FCAP)

**RETURN TO:** Thomas B. Gray, P.E.  
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www.vdh.virginia.gov/dw

SET-ASIDE SUGGESTIONS FORM

**SECTION A - ORGANIZATIONAL DATA**

1. Organization Name

a. Name of Respondent \_\_\_\_\_

b. Respondent Address: \_\_\_\_\_

\_\_\_\_\_

c. Contact Person: \_\_\_\_\_

d. Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Waterworks type (if applicable):

Publically-owned community \_\_\_\_\_ PWS ID number: \_\_\_\_\_ System Name \_\_\_\_\_

Investor-owned community \_\_\_\_\_ PWS ID number: \_\_\_\_\_ System Name \_\_\_\_\_

Nonprofit noncommunity \_\_\_\_\_ PWS ID number: \_\_\_\_\_ System Name \_\_\_\_\_

None of the above \_\_\_\_\_

**Submittal of this suggestion(s) is for the purpose of assisting the state to determine the extent of interest in the various set-asides.**

**Chief Administrative Officer of Organization:**

NAME and TITLE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B – SET-ASIDE SUGGESTIONS**

General suggested activities or comments for set-asides and related funds suggested (\$) \_\_\_\_\_.